

South Carolina State Housing Finance and Development Authority
Housing Trust Fund
APPLICATION FOR DESIGNATION
2018-2019 PROGRAM YEARS

Organization Name:			
Contact Person:			
Organization Physical Location Address:			
Organization P.O. Box, if applicable:			
City:		SC	Zip Code:
Phone Number:			Fax Number:
Email Address:			
Email Address #2:			
Website Address, if applicable:			
Date Organization Incorporated:			
Defined Service Area:			

Which activities does the organization wish to perform (check all that apply)?:

- | | |
|--|---|
| <input type="checkbox"/> Emergency Repairs | <input type="checkbox"/> Group Homes (partnership with SC DDSN) |
| <input type="checkbox"/> Owner-Occupied Rehabilitation | <input type="checkbox"/> Supportive Housing |

ACKNOWLEDGEMENTS and AGREEMENTS

The Applicant certifies that all information furnished in support of this application is true and complete to the best of the Applicant's knowledge and belief. The Applicant understands and agrees the Authority has the right to conduct its own independent review and analysis of the application and all documents submitted with the application and may, in its sole discretion, require additional information or make adjustments in required documentation.

The Applicant certifies it is in compliance with all Authority programs in which it participates or has participated. Neither the Applicant nor any of its officers, principals, advisors, consultants, or any other member of its development team is presently debarred or within the past five years has been debarred from participation in any federal program (including but not limited to: the U.S. Housing and Urban Development, the U.S. Internal Revenue Service and the U.S. Department of Agriculture) or any Authority program. The Applicant certifies it is not delinquent on any financial obligation owed to the Authority and neither it nor any of its officers or principals have been convicted of or are under investigation for civil or criminal fraud with respect to any of the Applicant's activities.

The Applicant agrees to abide by all South Carolina Housing Trust Fund Program rules and regulations. The Applicant understands and agrees the Authority may suspend or debar the applicant and its principals from participation in the Housing Trust Fund or all Authority programs when the Authority determines the Applicant has expended Housing Trust Fund monies inappropriately and/or has acted in a manner that the Authority determines warrants suspension or debarment. If the Authority has sufficient reason to believe an Applicant has violated federal, state, or local laws, the Authority may request the assistance of law enforcement. The Authority may assist law enforcement personnel in completing their investigation and with the prosecution of any criminal acts. The Authority may also seek any available civil remedies in instances where there has been a misappropriation of Housing Trust Fund award proceeds.

The failure to abide by the procedures contained in the Housing Trust Fund Manuals may result in the Authority declining to accept an application. Further, the failure to abide by the program requirements will result in the disqualification of the Applicant and all other persons or organizations involved with the Applicant from further Housing Trust Fund participation.

The Applicant acknowledges and understands that Submission of a complete application does not guarantee a Housing Trust Fund award.

Applicant:		Date:	
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Authorized Signatory's Name and Title: _____

Authorized Signatory's Signature:
